MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING (Print or Type) _____, Mass. Date______20____ Permit #_____ Building Location Owner's Name _ Type of Occupancy___ Replacement Plans Submitted: Yes No Renovation New BURNERS LABORATORY COCKS HTH HEATING BOILERS GAS GENERATORS ROOF TOP UNITS WATER HEATERS VENTED ROOM GE POOL HEATER DIPECT VANT CONVERSION RANG UNIT HEATE FURNACES GRILLES DRYERS HEATER TESTS SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR 3RD FLOOR 4TH FLOOR STH FLOOR 6TH FLOOR 7TH FLOOR STH FLOOR Certificate Check one: Installing Company Name_____ Corporation Address Partnership Firm/Co. Business Telephone___ Name of Licensed Plumber or Gas Fitter INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. Yes No No If you have checked yes, please indicate the type coverage by checking the appropriate box. Bond Other type of indemnity A liability insurance policy OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement. Check one: Agent [Owner Signature of Owner or Owner's Agent I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws. Type of License: Signature of Licensed Plumber or Gas Fitter Plumber Gasfitter Title_ License Number ___ Master Journeyman City/Town APPROVED (OFFICE USE ONLY)

SKETCHES

NO. APPLICATION FOR PERMIT TO DO GASFITTING NAME & TYPE OF BUILDING	LOCATION OF BUILDING	PLUMBER OR GASFITTER	LIC. NO.	PERMIT GRANTED	DATE 1919	